

ELIGIBILITY AND BILLING FORM

Completion of this form is necessary to qualify for benefits under an educational or organizational partnership with DeVry University for all eligible Education Partner and Family Education Benefit Program students. The application fee is waived for students eligible to participate in these programs.

For the Family Education Benefit Program, a dependent can include: a spouse, immediate siblings*, biological child, stepchild, legally adopted child, child for whom the employee is a court appointed guardian, and child of a domestic partner. Dependents are also defined as a domestic partner, in a committed long-term relationship, with a partner of the same or opposite sex. Neither party can be legally married to other individuals. Adoptive or biological parents of the eligible employee can also be classified as dependents.

<u>St</u>	udent Information
Student's Full Name (First, Middle, Last): Tin	ika Warren
Student's DSI Number: D03484439	
Session Start Date: 2020-01-06	
Program: Technical Management	
Application Date: 2019-12-18	
Employer/Membership Information	
Relationship to Employer/Member (if applical	ole): Self
Name of Employer/Membership Organization	n: McDonald's Corporation
Location of Employer (City & State/Province):Georgia	
Start Date of Employment:July 2019	
Name of Previous Employer (Continuing Stud	dents Only):self
Tuition Savings: (excludes textbooks and materials expenses)	
agrees that DeVry University may, from time to be eligible to participate in the program. So University requests. DeVry reserves the rig announced within a reasonable timeframe of Tuition will not be increased more than or understand and agree to abide by the policies payment terms and conditions.	above is true and accurate. Student further understands and to time and in its sole discretion, verify that student continues tudent will furnish such proof of continuing eligibility as DeVry ht to change tuition rates at any time; any increase will be f at least 30 days before the beginning of the effective term. Ince in a calendar year for Oregon residents. I have read, in the academic catalog, the enrollment agreement, and all
Signature: Tinika Warren	Date:

*immediate siblings is only for United States Olympic and Paralympic Committee (non-athlete) partnership

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